



Please return this application with original signature(s)

Application for Credit

11374 Tuxford Street, Sun Valley California 91352

Phone: (818) 767 8576 Fax: (818) 768-3124

Trade Name: _____ Phone: _____ Fax: _____

Mailing address / P. O. Box: _____
 City State Zip Code

Physical address: _____
 City State Zip Code

Contractor License #: _____ License Class: _____ Bonding Capacity \$: _____ Agent or Broker name: _____

License is Bonded by: _____
 Company Name: _____ City State Zip Code

Corporation: _____ Individual: _____ General Partnership: _____ Limited Partnership: _____
 If Corporation, please identify state of charter: _____ Date business started: _____

California Resale number: _____ Please complete and return a CA resale tax card. Without this card, we are required to charge sales tax.

Principal(s): _____
 Name Home address Home Phone

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 Name Home address Home Phone

Banking Information

Bank Name: _____ Account #: _____
 Acct held in the name of: _____
 Street address City State Zip Code

Trade References

Please do not write in this space					
1	Name	Phone	Approved by:		
	Street address	City	State	Zip Code	Date approved:
2	Name	Phone	Credit Limit:		
	Street address	City	State	Zip Code	Taxable?: <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name	Phone	Sales Rep id:		
	Street address	City	State	Zip Code	Prelim Req'd?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any unsatisfied Judgements against you? Yes: _____ No: _____

If yes, where?: _____

Hereinafter referred to as "Purchaser" hereby applies to ANGELUS BLOCK CO., INC. referred to as "Seller" for an extension of open account credit.

Purchaser hereby guarantees payment, agrees to pay promptly for all merchandise purchased from Seller and to be bound by all "Conditions of Sale" now or hereinafter published by Seller.

Purchaser agrees to pay interest charges equal to an Annual Percentage Rate of 18% on all past due amounts, along with reasonable attorney's fees and court costs should legal action be necessary to collect the balance due on the account.

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit history and to answer questions about your credit experience with me.

Dated _____ Signed by: _____
 Name and Title

Signed by: _____
 Name and Title

The undersigned, being a principal of the above named corporation, hereby personally guarantees payment of this account in accordance with its terms and conditions.

Dated _____ Signed by: _____
 (Individually)